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## Immunizations and Prophylaxis for Foreign Travelers

IMMUNIZATION REQUIREMENTS and recommendations for foreign travel are in a constant state of flux depending on current epidemic patterns of communicable disease. In addition, risk of exposure will depend on whether or not the traveler will be staying briefly at resort hotels or dwelling abroad for longer periods. In either case local health department officials can assist regarding the most up-to-date information.

Only smallpox, yellow fever, or cholera immunizations can be required as a condition to entry into a country. These immunizations, when required, must be properly noted and validated on an International Certificate of Vaccination. All other suggested immunizations are merely "recommended." However, for the traveler's own health, these may be more important than the required immunizations.

Whenever a required immunization is medically contraindicated, a physician may provide his patient with a signed and dated statement on his letterhead stationery detailing the contraindication. Examples may include skin disorders (smallpox), pregnancy, altered immune states, and the like. Such a statement will usually be honored by most governments.

At this time, no immunizations are required or recommended for United States travelers who go only to one of the following: Europe (eastern or western—except England, where, because of cases occurring in April 1973, it would be best to recommend temporarily), Russia, Canada, Mexico, Caribbean Islands, Australia, New Zealand, and Tahiti.

This report of current information was prepared at the behest of the Advisory Panel to the Section on Preventive Medicine and Public Health.

The traveler's entire itinerary must be considered, since smallpox immunization may be required by the above countries if the traveler does not come directly from the United States—for example, Australia will require smallpox immunization if the United States traveler goes to Europe or Russia first.

*Smallpox Immunization.* No longer required for reentry into the United States unless travel has actually occurred in an infected area. However, required by most foreign countries except as noted above. Vaccination is valid for three years.

*Cholera Immunization.* Not required for reentry into the United States even if travel has occurred in an infected country. However, most foreign countries do require it of anyone who has been in an infected area. Two immunizations are recommended even though a complete series has been given in the past, not on medical grounds, but rather because some travelers who have had only boosters have experienced difficulty in travel to some countries. Immunization is good for six months. Recently infected areas have included the Philippines, Southeast Asia, Burma, India, the Middle East, and most of Africa north of the Republic of South Africa, including Angola and Kenya.

*Yellow Fever Immunization.* The endemic areas include, in general, African countries that border on the equator and extend as far as 15° latitude north and 10° south, including the country of Angola. (Endemic countries frequently visited include Kenya, Tanzania, Ethiopia.) In addition, all or part of the countries of Panama, Venezuela, Colombia, Ecuador, Peru, Bolivia, Brazil (northwest portion only), Guyana, Surinam and French Guiana in South America are considered endemic areas.

*Poliomyelitis Immunization.* Not necessary for Australia, New Zealand, Tahiti, Canada, Western or Eastern Europe, Russia and the usual tourist areas of Mexico. This immunization is recommended for most other international travel. A single or one time "booster" of trivalent oral poliomyelitis vaccine is recommended for adults who have had a primary series.

**Typhoid Fever Immunization.** Not recommended for travelers who stay at the usual tourist accommodations in most European and Caribbean countries. It is recommended for travelers to Guatemala and countries south in the Americas, Africa, Asia, and the Middle East, and the Pacific region (the area north of Australia). Because of the recent epidemic around Mexico City, immunization is recommended for travelers to Mexico, except those going to Baja California and staying at the usual tourist places there.

**Plague Immunization.** Not routinely recommended. It is recommended for travel to Vietnam, Cambodia and Laos.

**Typhus Immunization.** Not routinely recommended. Consider only for those who will be going to remote highland rural areas and living closely with the natives in an area where the louse-borne disease is endemic—for example, might be considered for missionaries, anthropologists, and the like.

**Infectious Hepatitis.** An active immunization agent does not exist. However, passive immunization by means of immune serum globulin should be considered for travelers to either tropical areas or developing countries, but it is not indicated for travelers to Europe, Canada, Caribbean Islands, urban Mexico, Australia, Japan, New Zealand, Tahiti, or Fiji. Recommended dosage for adults is 2.0 ml if staying in endemic areas less than three months, and 5.0 ml if staying more than three months. Correspondingly smaller doses based on body weight are used for children.

**Malaria.** Endemic areas include Africa, Haiti, Central America, the southern west coast region and southern states of Mexico; South America with the exception of Venezuela, Uruguay, Chile and Argentina; the southern Middle East; South-

east Asia; Korea and some of the islands of the Southwest Pacific region. With the exception of tropical Africa, antimalarial prophylaxis usually is not indicated when only major cities will be visited. For adults 500 mg (300 mg base) chloroquine phosphate (Aralen®) once a week, starting the week before exposure and continuing for at least six weeks after exposure is discontinued, is recommended. Alternate drugs are hydroxychloroquine sulfate (Plaquenil®), chloroquine hydrochloride (Paludrine®), and pyrimethamine (Daraprim®). For those who have been bitten heavily by mosquitos in an area endemic for relapsing species, primaquine phosphate 26.3 mg (15 mg base) for adults, daily for 14 days after discontinuance of chloroquine should be considered. Areas endemic for relapsing species include Central and South America and Asia.

**African Sleeping Sickness (Trypanosomiasis).** No immunization or prophylaxis is available. Endemic areas include West and East Africa. Cases have occurred in California residents after visits to game parks in Rwanda and Botswana. If exposure cannot be avoided, appropriate protective clothing should be worn to avoid the bite of the tsetse fly. Insect repellents may also be helpful.

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